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Philip Leong PKI HEAD
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W, Le
J. Evans ath \$1000

Receipt

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

YOSHIFUMI TAKEYAMA ET AL.

Application No.: 09/840,893

Filed: April 25, 2001

For: NON-CONTACT TREATMENT
METHOD

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Examiner: M. Miggins

Group Art Unit: 1772

August 3, 2001

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9-401

Commissioner for Patents
Washington, D.C. 20231

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REQUEST FOR CORRECTED FILING RECEIPT

Sir:


Applicants' attorneys have received an official Filing Receipt in the above-identified application wherein an error has been noted. The residence of the seventh inventor is incorrect and should read as follows:

-- Yokosuka-shi, JAPAN --

A copy of the Filing Receipt is attached with the proposed changes marked in red. Issuance of a Corrected Filing Receipt with the correct data is accordingly respectfully requested.

Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should be directed to our below listed address.

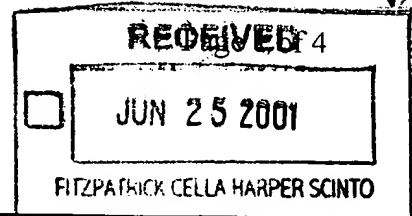
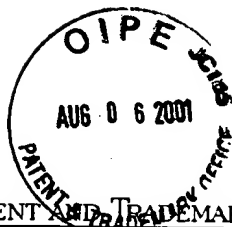
Respectfully submitted,


Attorney for Applicants

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/840,893	04/25/2001	1772	710	35.C13231 D2	19	15	1

05514
FITZPATRICK CELLA HARPER & SCINTO
30 ROCKEFELLER PLAZA
NEW YORK, NY 10112

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CONFIRMATION NO. 5173

FILING RECEIPT



OC000000006165280

Date Mailed: 06/08/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

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Koji Tsuzuki, Ikoma-shi, JAPAN; *Yokosuka-shi*
Yoshimitsu Hayashi, ~~Yokohama-shi~~, JAPAN;
Koichi Shimizu, Kyotanabe-shi, JAPAN;

Domestic Priority data as claimed by applicant

THIS APPLICATION IS A DIV OF 09/219,597 12/23/1998

Foreign Applications

JAPAN 9-359825 12/26/1997
JAPAN 10-335077 11/26/1998

If Required, Foreign Filing License Granted 06/08/2001

Projected Publication Date: 09/20/2001

Non-Publication Request: No

Early Publication Request: No

Title

Non-contact treatment method

Preliminary Class

136

Data entry by : TAN, LEA-YUET

Team : OIPE

Date: 06/08/2001





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Title 37, Code of Federal Regulations, 5.11 & 5.15

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- The articles such as "a," "an" and "the" are not included as the first words in the title of an application. They are considered to be unnecessary to the understanding of the title.
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- The title may be truncated if it consists of more than 500 characters (letters and spaces combined).
- The docket number allows a maximum of 25 characters.
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Bib Data Sheet

CONFIRMATION NO. 5173

SERIAL NUMBER 09/840,893	FILING DATE 04/25/2001 RULE	CLASS 136	GROUP ART UNIT 1772	ATTORNEY DOCKET NO. 35.C13231 D2
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APPLICANTS
 Yoshifumi Takeyama, Souraku-gun, JAPAN;
 Tsunenobu Sato, Yokohama-shi, JAPAN;
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 Yoshimitsu Hayashi, Yokosuka-shi, JAPAN;
 Koichi Shimizu, Kyotanabe-shi, JAPAN;

**** CONTINUING DATA *******
 THIS APPLICATION IS A DIV OF 09/219,597 12/23/1998

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 JAPAN 9-359825 12/26/1997
 JAPAN 10-335077 11/26/1998

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 06/08/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 19	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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TITLE
Non-contact treatment method

FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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